

Re-Evaluating Treatment Protocols for Frequent Urination to Emphasize Role of Kidneys Rather Than Benign Prostatic Hyperplasia

4 August 2024

Simon Edwards

Research Acceleration Initiative

Introduction

Although some cases of age-related frequent urination are attributable to BPH, an entirely different mechanism involving kidney function is likely responsible for more cases of frequent urination than BPH and explains why BPH treatments do not entirely resolve symptoms in most cases.

Abstract

Although aging has many direct and indirect causes and manifestations, aging is a process which is primarily driven by the kidneys. When a person reaches the age of approximately 25, they begin to visibly age as a consequence of the full impregnation of vesicles of the kidneys which temporarily store waste proteins pending the dissolution of those proteins. When the enzyme needed to dissolve these proteins can no longer be produced by the kidneys due to damage to those mechanisms (caused most likely by repeated acidotic cycles,) the vesicles become over-filled and, before long, rupture. The mechanisms of the kidneys which draw in waste proteins continue to function, but serve only to recirculate the waste proteins back into the body where they migrate and lodge in various tissues, disrupting nominal cell replication processes.

Not long after the aging process begins in earnest, the ability of the kidneys to regulate fluid retention becomes impaired. The rate at which urine is produced is mitigated, resulting not only in edema and increased blood pressure in some patients, but in the need to work through the nighttime hours in order to produce sufficient urine to mitigate fluid retention. As there is typically excess fluid by the end of the day and as the kidneys are not working efficiently, the kidneys, which would ordinarily be semi-dormant during the nighttime hours, must work at full capacity throughout the night.

Urine is produced during the night, in a patient suffering from age-related frequent urination, in amounts equivalent to a healthy person who is awake and consuming water actively.

Conclusion

While BPH can account for some portion of symptoms, particularly where incomplete bladder emptying is an issue, therapies focused upon restoring the ability of the kidneys to eliminate water from the body efficiently could be predicted to do more to alleviate the symptom of frequent urination than the treatment of BPH.